

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JL</i>	<i>12</i>	<i>10/25/00</i>
O.I.P.E. CLASSIFIER	<i>JL</i>	<i>71531</i>	<i>11/6</i>
FORMALITY REVIEW	<i>JL</i>	<i>71531</i>	<i>11.25.00/2.16.01</i>
RESPONSE FORMALITY REVIEW	<i>JL</i>	<i>71531</i>	<i>3.5.01/3.12.01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	✓	10/13
2	✓	✓	10/13
3	✓	✓	10/13
4	✓	✓	10/13
5	✓	✓	10/13
6	✓	✓	10/13
7	✓	✓	10/13
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If more than 150 claims or 10 actions  
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